

Filing Fee:

Section 1: \$10.00
Section 2: \$10.00
Section 1 and 2: \$20.00

Commonwealth of Kentucky
Elaine N. Walker, Secretary of State

0041677.09

amcray
POC

Elaine N. Walker, Secretary of State
Received and Filed:
3/9/2011 1:19 PM
Fee Receipt: \$10.00

Elaine N. Walker
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

**Statement of Change of
Principal Office Address
Registered Agent and/or
Registered Office Address**

RAC
POC

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362, or 386, the undersigned hereby applies to change one or all of the following: principal office address, registered agent, registered office address on behalf of

PLAINVIEW RESIDENTS' ASSOCIATION, INC.

which is organized in the state of Kentucky, and for that purpose submits the following:

1. Principal office address currently on file

P. O. BOX 24477
LOUISVILLE, KY 40224

Principal office is hereby changed to:

P.O. Box 436926
LOUISVILLE, KY 40253

2. Registered agent currently on file

MADONNA R. BURKE

Registered agent is hereby changed to:

Name

I consent to serve as the registered agent on behalf of
the business entity.

Signature

Registered office address currently on file

601 PLAINVIEW TERRACE DR.
LOUISVILLE, KY 40223

**Registered office is hereby changed to (must be a
Kentucky street address):**

The fees for changing one or all of the following: Section 1 is \$10. Section 2 is \$10. Section 1 and 2 is \$20

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

X *Madonna Burke*
Signature of Authorized Agent

MADONNA BURKE
Printed Name

2-28-11
Date